

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/591934** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2							52						
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49							99						
50							100						
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

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FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/591934 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.			↓		↓		↓
TOTAL DEP.		←		←		←	←
TOTAL CLAIMS							

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
151							
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200							
TOTAL IND.			↓		↓		↓
TOTAL DEP.		←		←		←	←
TOTAL CLAIMS							